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APPLICANTS

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** CONTINUING DATA

*None**SMNR*

** FOREIGN APPLICATIONS

*None**SMNR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>S.M. Nelson-Royford</i> Examiner's Signature Initials	STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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TITLE

No tear pharmaceutical pouch

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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